



LYDIARD MILLICENT CE PRIMARY

**INTIMATE CARE POLICY**

Date agreed with staff	March 2021
Date agreed by Academy Council	April 2021 and July 2022 with update
Frequency of policy review	Triennial
Date next review due	April 2024

Document Version Control

Issue Number	Issue Date	Summary of changes
1.1	19.06.17	Policy created for the two schools
1.2	April 2021	Separate policy created for each school. School values added. Intimate Care Plan added as Appendix A. Details added about protection of children and adults. Comment added about adhering to any local or national guidance in place regarding infection or PPE.
1.3	June 2022	Addition of safeguarding requirement to record and appendix



### Intimate Care Policy

All children at Lydiard Millicent CE Primary have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of school life. Our principles and guidelines for supporting with intimate care are all underpinned by our school vision and our 12 school values:

Generosity 	Compassion 	Courage 
Forgiveness 	Service 	Respect 
Thankfulness 	Trust 	Perseverance 
Justice 	Friendship 	Truthfulness 

We know that some of our children may need some additional support with toileting or dressing as children develop at different rates. This policy should be considered in line with our Safeguarding Policy, Health and Safety Policies and Administration of Medication policy.

The purpose of this policy is:

- To ensure that pupils with continence difficulties are not discriminated against in line with the Equalities Act 2010.
- To safeguard the rights and promote the best interests of our children.
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one.
- To ensure that staff administering intimate care work within the policies and guidelines of the school.
- To work with parent / carers in delivering a suitable intimate care plan where necessary.

#### Definition of Intimate Care

Intimate care can be defined as care tasks of an intimate nature. This includes: supporting a child with dressing and undressing (staff will always encourage children to attempt dressing and undressing unaided), providing comfort or support for a distressed child, assisting a child requiring



medical care who is not able to carry this out unaided, changing nappies or cleaning a child who has soiled himself/herself, has vomited or feels unwell.

### **Providing comfort or support**

Children may seek physical comfort from staff. Where children require physical support, staff need to be aware that physical contact must be kept appropriate and be child initiated. If physical contact is deemed to be appropriate, staff must provide care which is suitable to the age, gender, age and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

### **Management of Soiling Incidents**

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance. Wherever possible it will be a child's named/designated adult that provides intimate care. This designated adult is to make it known to another member of staff working close by that such care is being provided in order to ensure reasonable protection for both child and carer.

Staff who provide intimate care are made aware of Child Protection procedures and Health and Safety practices. Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it. Children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the particular needs of the child e.g. a child who regularly soils. **(Please see Appendix A)** When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal record **(see Appendix B)**. All information concerning intimate care procedures is recorded and stored securely.

Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

If a child refuses to be changed, we will first encourage them to do so, if they still refuse, we will telephone the parents or carers to ask them to come and change the child. Parents/carers will be involved with their child's intimate care arrangements on a regular basis. Where a care plan exists the agreed arrangements will be recorded on the child's plan. The needs and wishes of children and



parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

When touching a child, staff should always be aware of the possibility of invading a child's privacy and respect the child's wishes and feelings. If a child needs to be cleaned, staff will make sure that: protective gloves are worn, the procedure is discussed in a friendly and reassuring way with the child throughout the process, the child is encouraged to care for him/herself as far as possible, physical contact is kept to the minimum possible to carry out the necessary cleaning, privacy is given appropriate to the child's age and the situation, all spills of vomit, blood or excrement are wiped up and flushed down the toilet.

Any soiling that can be, is flushed down the toilet, soiled clothing is put in a plastic bag, unwashed, and sent home with the child. Parents are encouraged to provide a spare change of clothes. If not, clean clothes will be provided by the school, where possible.

### **Hygiene**

All staff must observe precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves and aprons. PPE will be provided in-line with the requirements of the plan and to meet any local or national guidance on infection control in place.

### **Protection of children**

If a member of staff has any concerns about physical changes in a child's presentation, such as marks, bruises, soreness etc. she/he will immediately report these concerns to the Designated Safeguarding Lead (See Safeguarding and Child Protection Policy).

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary. All staff are DBS (Disclosure and Barring Service) checked. It is not appropriate for volunteers or students to carry out intimate care procedures.

### **Protection of staff**

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. The Guidance for Safer Working Practice contains advice and guidance on safe working practice and all staff are required to read this document annually.

Staff should make it known to another member of staff working close by that such care is being provided in order to ensure reasonable protection for both child and carer. Staff should be aware of, and responsive to, the child's reactions and responses to the care.

If a child makes an allegation against a member of staff, we will follow the guidance for Managing Allegations against adults / staff within our Safeguarding and Child protection Policy



**Appendix A**

**Lydiard Millicent Intimate Care Plan**

Name of Child:	
Details of intimate care required:	
Name of person(s) to provide intimate care:	
Name of person to provide intimate care for child if main adult not available:	
Where intimate care provision will take place:	
What resources and equipment will be used:	
Training requirements for staff?:	
Disposal arrangements of any waste/products used:	
Infection control measures needed:	
Special arrangements for trips / outings:	
When will the plan be reviewed:	
Review Comments:	
Plan to be signed and dated by parent/carer and school representative:	

